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PAN AMERICAN HEALTH ORGANIZATION (PAHO)

Sir George Alleyne, Director of Pan American Health Organization (PAHO), the World Health Organization Regional Office for the Americas, discusses the health situation in the region. Tuberculosis and malaria are on the rise; AIDS and cholera remain major health problems. There should be a distinction between health in general and health care. Drugs, unsafe sex and tobacco smoking are major causes of health problems. PAHO and WHO work together to demonstrate the adverse effects of tobacco on health.

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ANNOUNCER: From United Nations Headquarters in New York, this is **World Chronicle**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **World Chronicle**.

LITTLEJOHNS: I'm Michael Littlejohns, and this is **World Chronicle**.

Advances in medical technology over the last few decades have generally improved the health of the world's population as well as the quality of our lives. But the benefits of this improvement vary from one region to another and even from one country to another in the same region. International and regional health establishments work to make health care more widely available. One of these institutions is the Pan American Health Organization, PAHO, which serves as the World Health Organization's Regional Office for the Americas. Our guest today is an internationally recognized expert in medicine and health care. He is Sir George Alleyne, Director of PAHO. Joining me to talk with Sir George are Ian Williams of the *Tribune* of London and Betsy Pisik of *The Washington Times*.

Sir George, welcome to World Chronicle.

ALLEYNE: Thank you very much. Nice to be here.

LITTLEJOHNS: The Pan American Health Organization of course embraces members from both the developed and the developing world. So you have a mix of both politics and economics. What are the main problems that you have to deal with in your organization?

ALLEYNE: I think your description of the constituency of the Pan American Health Organization in a sense describes the kinds of problems we have to deal with. A lot of our countries, or developing ones of our region, are still afflicted with some of the major problems of under-development. They're problems of infectious and parasitic diseases. Where we find the more developed countries having to deal with the problems of the chronic diseases. But one of the interesting facts of recent times is that many of the developing countries are having to face both, both the problems of the infectious parasitic diseases as well as the problems of chronic diseases. Many of the developed countries are having to face infectious disease problems that they never thought would have afflicted them in the past -- AIDS, for example.

LITTLEJOHNS: How serious a problem is AIDS in your constituency?

ALLEYNE: It is a major problem in our region, a major problem --

LITTLEJOHNS: The major problem or a major problem?

ALLEYNE: A major problem. I never like to categorize problems in terms of which is great and which is less great, because to the person who is afflicted, anybodies problem is important. But AIDS is a major problem in our region.

LITTLEJOHNS: But the diseases resulting from under-development, malnutrition and so on, infectious diseases --

ALLEYNE: Infectious diseases, basically infectious diseases. We still have malaria in our region, unfortunately.

LITTLEJOHNS: I thought malaria had been wiped out –

ALLEYNE: No, no, no, no. I wish it were. I wish it were. I wish it were.

LITTLEJOHNS: I thought DDT had practically –

ALLEYNE: No, I wish malaria had been wiped out. We say of our countries in the Americas, at least 21 of those countries are countries in which there's transmission of malaria.

LITTLEJOHNS: Really?

ALLEYNE: Yes. It is not a problem – we wish it were. It is a very difficult problem to eliminate, eradicate malaria. Very difficult indeed. The mosquito's much more agile, much more alert, much more alive, in fact, than humans. It finds to get around all of our insecticides.

LITTLEJOHNS: Since DDT was more or less outlawed, has that meant that malaria has – the mosquito that carries malaria have increased greatly?

ALLEYNE: If you stick with malaria, I wouldn't like to say malaria is the major infectious disease problem, but if you're dealing with malaria alone, the problems have been two - or threefold. One is we tended to drop our guard. There was a time there was a lot of enthusiasm for the eradication of malaria, great enthusiasm for it. And then it was obvious that we would not be able to eradicate malaria. And a lot of scepticism and cynicism stepped in, and many of the country programmes that dealt with malaria in fact fell apart. And now we are finding that we have to recover the ground lost. And we recover the ground lost with different strategies at the moment. We use strategies that are essentially different than the strategies that were used before. And we are tending to move away actually from DDT and use other kinds of insecticides. The essence of the approach to the problem of malaria is how do you get the general services better, and not just speak specifically of malaria eradication programmes, how the general health care services can deal with all of the problems of the country, including malaria.

PISIK: I understand that other diseases are on the rise as well, things that we had almost had in check – cholera, tuberculosis is back, even in industrialized nations. How is PAHO dealing with this?

ALLEYNE: Cholera is a – I'm ashamed to say cholera came back to our region. After the absence of about a century, cholera reappeared in one of our countries in 1991. It was an affront to us all. We thought that we had in our region the kinds of quality environmental health services that would not allow cholera to come back. But it did come back. But I am pleased with the approach that countries have taken to it. They improved their basic water and sanitation, they improved their surveillance activities. So we find now there's much,

much less cholera in the Americas. If one can adduce or deduce good from ill, the presence of cholera, the attention that was paid to cholera in fact led to a significant reduction in other diarrhoeal diseases. So out of some evil did come some good.

PISIK: Why did it come back, though? If it had been so close to eradication, what –

ALLEYNE: Well, it is a presence of unsatisfactory sanitary conditions in the Americas, basically. We had allowed some of those conditions to deteriorate. And if you have unsatisfactory sanitary conditions, then cholera will reappear. The one that gives us equal concern is tuberculosis. We had thought that that, that described the "captain of death", had disappeared. And that was in part due I think to what we call medical arrogance. We thought with the antibiotics we had magic bullets, we could have the sanatoria closed down, et cetera, and then we found that tuberculosis was coming back. And the presence of AIDS, of course, has complicated the issue, because many of the cases with tuberculosis are in fact persons who are victims of AIDS.

LITTLEJOHNS: Tuberculosis is becoming a problem even in the United States, I believe.

ALLEYNE: Oh, yes. All of the countries –

LITTLEJOHNS: Probably in Canada, too.

ALLEYNE: – all of the countries of the Americas. All the countries of the Americas. Resurgence of tuberculosis.

LITTLEJOHNS: How do you account for that?

ALLEYNE: One, AIDS has been a contributing factor, because the depression of the immune system that takes place when people have AIDS makes them more susceptible to a disease like tuberculosis. And I said before, the idea that we had overcome the infectious diseases because we had these magic bullets allowed us to drop our guard.

LITTLEJOHNS: Streptomycin and so on.

ALLEYNE: Yes. But now we're, I think, retaking the ground. One can never say one is retaking the ground from the microbes because the microbes –

LITTLEJOHNS: They always fight back and beat you in the end!

ALLEYNE: That is right.

LITTLEJOHNS: They'll get you in the end!

ALLEYNE: If we exhibit as medical hubris, the nemesis will catch up with us. But what has been demonstrated, and the World Health Organization as a whole has taken a major step in this, is elaborating a form of therapy, directly observed treatment. And which if you do follow this and you make sure that patients get their drugs, you can cure the majority of patients with tuberculosis. So there is hope, there is hope. Once again, it depends on the availability of medical services. I can't stress that enough. One can think of

specific programmes that have major impact, but when you come down to it, it is the availability of services that makes a big difference.

LITTLEJOHNS: But in the poorer countries, I mean, that – you just cannot have the availability of these services, can you?

ALLEYNE: Well, yes, you can. You can. You'll not have the sophistication of services you have in other countries, but poverty or the poorer countries, that does not impeded their having services that are more widely distributed. And I cite one concrete example to justify my claim. In the countries of the Americas, for the last seven years, there's been no poliomyelitis. Measles is virtually disappearing from the Americas. And that has meant that the vaccination coverage of children has been maintained at a very high level, and the fact that vaccination can be maintained at a very high level gives some earnest of the possibility of having services widely distributed. So it's not only the sophistication of services we are concerned about, its the extension of the coverage which is probably as important, and that extended coverage is recommended for the treatment of many of the problems we have.

WILLIAMS: You are straying into sort of almost political grounds here, because you mentioned the recrudescence of tuberculosis in the United States, and of course one of the problems here is there are 30, 40 million people with no health insurance and no regular access to medical services. To what extent are these type of political considerations a factor? Michael mentioned the wide disparities between economic growth and political systems even, within the Americas. And here in America you have strong opinions expressed by Congress about availability of health service, and in other places there's almost a full welfare state – Costa Rica and your own country, Barbados, spring to mind. Can you push for sort of political medical services like this and try to recommend that poorer people do get adequate access?

ALLEYNE: I'll make a statement which may sound categorical, because I mean it to be. I have never met any politician who does not wish to do good in health terms. Never met a single one. The problem is how to do it. That is the problem.

LITTLEJOHNS: And how to pay for it.

ALLEYNE: How to pay for it. But all the countries of the Americas have come to the view that the provision of services has to be some mix of public and private services. Has to be. And all the countries of the Americas have come to the view that there are some public services that have to be the responsibility of the State. No doubt about it. Those services we see that affect large numbers of people, posit externalities we say, those services have the responsibility to the state and also we content that the State has to have the responsibility for ensuring a basic minimum type of service to every individual. You asked the question, why

are there then so many people in the United States without access to insurance? One point I make constantly is this: that, we must separate health from health care. And I've always contended that if much of the debate is about how do you improve the health of the American people, and not – excuse me, the American people in all of the Americans, not only the United States – not only how do you make health care available to the American people. It's a different argument. It's a different argument. Because health care actually – we spend over 90 per cent of our budgets on health care, and then we look at the services, the curative services – they are really responsible for an infinitesimal part of the health of the population. So that is part of our message in the Pan American Health Organization. It is not only health services that are important, it is the health of the people of the Americas. And now we have to discuss how do you ensure the health of the people of the Americas when you are spending so much in terms of health care. And we can discuss how that in fact is possible.

I'll make it – I'll state it again: I've never met in any heads of state, ministers of health, who don't want to make sure that they have a healthy population.

PISIK: Since we're straying into political territory, I understand that you're interested in running the World Health Organization, or being more involved in that. Is that – can you tell us what your plans might be?

ALLEYNE: I – let me be facetious to start with and say of course I'm involved with the World Health Organization, because the Pan American Health Organization is the regional office for the World Health Organization, but I understand the burden of your question, that my Government has put forward my name as a candidate to be Director-General of the World Health Organization. And it has done at – this is not a campaign for the director-generalship of the organization, but I'll tell you why our Government has put forward my name. Our Government has put forward my name because the executive board of the World Health Organization has said that they have certain criteria for the next director-general, and we feel that we have, we fit those criteria that executive board has put forward. Second, we believe that the World Health Organization can benefit – I don't mean to be pejorative on this, that the experience we have accumulated in the Americas in running the Pan American Health Organization can be applied at a global scale, and experience and competence we've demonstrated in running the Pan American Health Organization is something that might be useful on the global scale. So it is with those ideas in mind that our country has put forward – Barbados has put forward my candidacy to be director-general of the World Health Organization.

LITTLEJOHNS: The current head of the World Health Organization, Dr. Nakajima of Japan – some people pronounce Nakajlma, but I believe it's Nakajima – was criticized for

not having given sufficient priority, some people felt, to the problem of AIDS. If and when you become the head of WHO, what degree of priority would you think would be appropriate for the AIDS pandemic?

ALLEYNE: It is not for me to defend Dr. Nakajima, but that is not correct. Dr. Nakajima should not be criticized for not having given sufficient importance to the problem of AIDS. Dr. Nakajima is very sensitive to the importance of AIDS and what needs to be done about it. Events unfolded such that WHO did not become the sole and unique agency responsible for AIDS, and UNAIDS was created as another agency, but I would say that Dr. Nakajima has been very supportive of the activities related to AIDS. Now, what would I do about AIDS in the world? I have gone on record publicly saying I support UNAIDS, the approach that UNAIDS has taken, but I think that AIDS is still essentially a health problem, even although the other things that impact on AIDS, other things that are traditionally outside of the health sector. And my approach would be as a technical health agency to focus on a couple of issues that are very relevant to AIDS but are within the unique purview and province of the World Health Organization. Surveillance, for example: The World Health Organization has the responsibility for surveillance of diseases in the world. Two, the treatment of other sexually transmitted diseases. There's a lot of evidence now that shows that if you deal with other sexually transmitted diseases you can have a major impact on AIDS. One should not think of AIDS exclusively and not think of other sexually transmitted diseases. That is one other area I think the World Health Organization has given a lot of attention to, and I certainly would like to strengthen our ability to deal with other sexually transmitted diseases as well. **LITTLEJOHNS:** This is **World Chronicle**. Our guest is Sir George Alleyne, Director of the Pan American Health Organization, a WHO regional office. Ian Williams.

WILLIAMS: Throwing in the sort of semi-political aspect, the biggest killer in the world today is probably tobacco. Smoking kills more people than AIDS or malaria, I suspect. And there's a strong move as restrictions on tobacco sales and advertising grow in the developed world, a lot of the tobacco companies seem to be shifting the burden of their enterprises into the developing world. Now they look at China and they think there's 12 hundred million potential lung cancer cases to buy our cigarettes. How strongly are you campaigning on this, and do you face political interference? Because obviously tobacco, there's big money behind it and they don't like people interfering.

ALLEYNE: No, that's a very good area in which an organization such as ours can be involved. Because we can demonstrate what are the health impacts of that disease. You can speak of tobacco as a vice, tobacco leading to use of other hard drugs, etc., etc. but no one can deny the hard evidence of the health ethics of tobacco. So, one of the responsibilities of

organizations such as ours is to focus on the health aspects of tobacco, and in fact, to try to introduce programmes that will stop people from starting. And that is why in our organization PAHO, my first day when I was elected, I said one group of persons in which we would place emphasis – and I have demonstrated that in our budget and our budget allocations – the adolescence. And in the Pan American Health Organization I would do the same thing as the World Health Organization. We say that the focus on the adolescence represents the best opportunity for changing lifestyles that have a negative impact down the road. So therefore, we have a major programme on how do you work not for, but with adolescence also, to change life practices. And one of the major life practice that we wish to impact is the issue of tobacco. How can we stop them from smoking? But in addition, if you take the more global picture, the World Health Organization is probably one of the few organizations that can craft conventions related to various things. And the World Health Organization has begun work on how you craft a convention, hopefully to which all countries would adhere, about tobacco and the restriction of tobacco use. Of course, we can start in our own back yard and have all of our agencies smoke free, including the United Nations.

LITTLEJOHNS: Which is not at the moment.

ALLEYNE: I heard it is not, I discovered that it is not – I hope the day will come when it is.

LITTLEJOHNS: But the European office of the UN in Geneva is pretty well smoke free isn't?

ALLEYNE: Our office in PAHO is smoke free. You cannot smoke in our office.

PISIK: Sir, what is PAHO doing in terms of these life practices in reaching adolescence. I mean, it's sexual practices, it's smoking in this region, it's drugs as well, both in terms of production or transmission. The islands especially are increasingly used as transit points. How are you reaching people in terms of safe lifestyles, healthy lifestyles?

ALLEYNE: You can start. No, you can. Let me say we have. I just came back from Panama yesterday, in which I had a meeting with the First Ladies of the Americas. I lunched with Mrs. Wilkinson, the wife of the President. A programme, a joint partnership on promoting healthy schools. And what we are looking for are those places in which you have audiences of children – adolescence – and there you can start, by instituting, inculcating these health practices and health nutrition. Very important, this kind of initiative. The healthy places that children, adolescence work. Secondly, for a long time we have tried to work for adolescence. Problems of adolescence health, treating adolescence as an object. Our focus is how do you work with adolescence, to change their practices. And one other

programme we have in place in PAHO is, adolescence has changed agents. How you involve adolescence in designing the programmes that they know well, how to change these noxious practices. You are absolutely correct in citing the three or four major things upon which you can influence them. Upon which you can have influence with adolescence. Tobacco, drugs, alcohol, sexual practices. You have named them accurately, the four.

WILLIAMS: But um... as fast you are targeting them, there is a lot of money going in the opposite way targeting them that these things are good for you. I can make another trade related point, Betsy mentioned that the islands are used as staging posts. How far can you stray? The World Trade Organization has just said the European Union preferences for bananas in your neck of the woods the Caribbean, are illegal under international law, under international trade laws and this is as far as I know the only other crop they can grow apart from bananas is the gangerial landing strips for planes carrying cocaine between Columbia and Manhattan.

ALLEYNE: What you are asking me is it the health organization to say how should it influence the World Trade Organization.

WILLIAMS: The World Trade, if you remember, GATT forced some countries to open up to cigarette advertisement.

ALLEYNE: You are absolutely correct and I am just being facetious, because we should, a health organization should be sensitive to what is happening in the World Trade Organization. We should be sensitive in various areas in which we believe we have a role to play. One is industrial practices and legislation that impact on health. You are quite right on the point you made on tobacco but tobacco is not necessarily the only one. There are other foods. Movement of foods, and movement of food in terms of transmitting diseases is a very major problem. Then the World Trade Organization talks about standards for foods – we would wish that the issue of health be brought in for the determination of standards. When the World Trade Organization talks about liberalizing trade, globalizing trade – we in the health area have to be careful, whether the movement of many of these issues, many of these substances do not in fact constitute health risks. So, I am very competent, clear about this, that organizations such as ours, health organizations have to be vitally involved in the discussions with the World Trade Organization. If bananas affects the small countries of the Caribbean in a very special way because that is their economic life blood, and we are concerned that if there is economic downturn in these countries, one of the things that might suffer might be the health of those countries. And as you know very well, those countries have done tremendously well given their resources in terms of health indicators, so we view with some concern anything that would impact negatively on the economic base.

PISIK: Sir George, I wanted to go back to something that you said at the very top. You were talking about this cross current of diseases and conditions that are affecting industrialized nations that use to be only in the under developed world and the other way around: AIDS, tuberculosis, etc. and then some of the more chronic conditions. How is this coming to pass? Is it that development is only working in fits and starts? Is it that there has been so much human, or commercial traffic back and forth that diseases are travelling with... how is it that malaria and tuberculosis are coming to some of the richest nations in the world at the same time that...

ALLEYNE: Let me agree with you to the points you have made. It is the internationalization of health risks. Migration of people, the ubiquitousness of the media, have made many of the health risks now international. Advertisements, lifestyles, I will site for you a concrete examples. There was a time when in many of our so called developing countries had foods that were very low in fat. Now you find fat consumption, partly because of advertising, part because of lifestyles that have copied as a result of this internationalization of risks, the lifestyles are being copied. Therefore, we find heart disease being more prominent now than it use to be. This is just one example. This internationalization of health risks is one of the reasons whey you find some of the diseases that were formally reserved for development are now being found in developing world. Which makes also, a lot of nonsense of separation between developed and developing countries. Tobacco use, tobacco use you are quite right, tobacco use is no longer, the problems of tobacco no longer, a providence only of developed countries. No longer.

LITTLEJOHNS: Sir George, its popular in the United States to bash Cuba, of course not only in United States. But I noticed from your reports from PAHO are generally, rather favourable toward Cuba in terms of its medical services. Have you been to Cuba a number of times, and can you tell us a bit about the services in Cuba that gives them such a positive result?

ALLEYNE: Cuba is one of the countries, of the member countries, of the Pan American Health Organization. And like every other member country, the Pan American Health Organization, we pay special attention to what has health problems, the nature of the health problems, how we can help to solve this health problems? In my several visits to Cuba, I can say with great confidence, they have placed a tremendous importance on basic care services. And place a tremendous importance on health as a value system and not only care services. And they have dedicated a lot of their scarce resources in insuring the health of children and protection of health of children. If I can cite one example. A couple of years ago, there was an epidemic of neurological disease that affected many adults in Cuba. Did not affect any children, why? Because the importance it must have given to the health

of children had allowed them to protect the death of children so that was not deficient. And, the figures that Cuba quotes for its health services are accurate. They have done very well in public health terms.

LITTLEJOHNS: Would you say that under developing countries of the Americas, Cuba is tops, number one. In health services I mean.

ALLEYNE: One of the things I say we never have lead tables of countries in terms of health. We never say one is better than the other. What we do say is that all the countries are trying very hard. Having said that however, the countries that given their economic resources have done well in terms of health indicators, we always say the season of the smaller countries, the season of the Americas; Costa Rica, Chile, the Caribbean countries and Cuba are the ones that have done very well, given the level of the health resources they have to apply to health.

LITTLEJOHNS: Your own country Barbados is way up there too I believe. In the Human Development Index, it was I think, number one, among developing countries.

ALLEYNE: Do you wish for me to comment on that one? (laugh).

LITTLEJOHNS: I expected you to act exactly like that....That is all the time we have. Thank you for being with us on this addition of **World Chronicle**. Our guest has been Sir George Alleyne, Director of the Pan American Health Organization, the World Health Organization Regional Office for the Americas. He was interviewed by Ian Williams, of the *Tribune* of London, and Betsy Pisik of *The Washington Times*.

I'm Michael Littlejohns, thanks for joining us. We invite you to be with us for the next edition of **World Chronicle**.